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Effective on 12/08/2004 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818) <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2006</h3>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 C.F.R. 1.27		Application Number	10/726,536
		Filing Date	December 4, 2003
		First Named Inventor	YASUSHI SHIOYA, ET AL.
		Examiner Name	J.R. Fischer
		Art Unit	1733
TOTAL AMOUNT OF PAYMENT		(\$)	0.00
Attorney Docket No.		03560.003406	

METHOD OF PAYMENT (check all that apply)			
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input checked="" type="checkbox"/> Other (please identify): _____			
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>06-1205</u> Deposit Account Name: <u>Fitzpatrick, Cella, Harper & Scinto</u> For the above-identified deposit account the Director is hereby authorized to: (check all that apply)			
<input type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 C.F.R. 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments	

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FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
2. EXCESS CLAIM FEES							
Fee Description						Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent						50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent						200	100
Multiple dependent claims						360	180
Total Claims		Extra Claims		Fee (\$)		Fee Paid (\$)	
10		- 20 or HP = 0		x 50.00 = 0.00			
HP = highest number of total claims paid for, if greater than 20							
Indep. Claims		Extra Claims		Fee (\$)		Fee Paid (\$)	
2		- 3 or HP = 0		x 200.00 = 0.00			
HP = highest number of independent claims paid for, if greater than 3							
Multiple Dependent Claims						360.00	0.00
3. APPLICATION SIZE FEE							
If the specification, drawings, and any Preliminary Amendment exceed 100 sheets of paper in total, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets		Extra Sheets		Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)
_____ - 100 = _____		/ 50 = _____		(round up to a whole number) x _____		= _____	= _____
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)						_____	
Other: _____						_____	

SUBMITTED BY			
Signature	/Scott D. Malpede/	Registration No. 32,533 (Attorney/Agent)	Telephone 202-530-1010
Name (Print/Type)	SCOTT D. MALPEDE		Date: August 25, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

(Form #204)
SDM/vrm